

FILED DEC 12 1957

STANDARD CERTIFICATE OF DEATH

41146

STATE FILE NUMBER

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 467

1. PLACE OF DEATH

a. COUNTY

MARION COUNTY MO

b. CITY (If outside corporate limits, give TOWNSHIP only)

EN ROUTE TO HOSP

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

D.O.A. at St Elizabeth Hps

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SHELBY

c. CITY OR TOWN

SHELBYVILLE MO

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

RURAL ROUTE

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

LELAND

Middle

DEAN

Last

POGUE

4. DATE OF DEATH

Month

AUG

Day

15

Year

1957

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. MARRIED ☐ NEVER MARRIED ☒WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

DEC 1 1934

9. AGE (In years last birthday)

17

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

FARMER

11. BIRTHPLACE (City and state or country)

SHELBY COUNTY MO

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

STANLEY POGUE

14. MOTHER'S MAIDEN NAME

FRIERA NORTMAGEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

416-14013

17. INFORMANT

STANLEY POGUE

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushed Chest, and abdomen

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

b. DUE TO (b)

c. DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

30 min

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☒SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Head on auto accident

20c. TIME OF INJURY

Hour

7:30

p. m.

Month

8

Day

15

Year

57

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

Shelbyville

COUNTY

Shelby

STATE

MO

21. I attended the deceased from

to

8:00 p

m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Henry H Sweet 9

(Degree or title)

MD - Coroner

22b. ADDRESS

Hannibal

22c. DATE SIGNED

MO

8/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

8-19-57

23c. NAME OF CEMETERY OR CREMATORY

IOOF CEMETERY

23d. LOCATION (City, town, or county)

SHELBYVILLE

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

THOMPSON-GREENING

CLARENCE MO

25. DATE RCVD. BY LOCAL REG.

11-29-57

26. REGISTRAR'S SIGNATURE

Dr. E. M. Lusk

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

DEC 10 1957

MARION CO. HEALTH DEPT.

DATE FILED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4629

P. O. Address Clarendon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.